



**Tennessee Department of Intellectual and
Developmental Disabilities**

Resource Handbook
For the
Professional Support Services
License

*(License is operated through the **Tennessee
Department of Health**)*

Updated
March 2014

Introduction

The information in this resource handbook is designed to assist independent clinicians and agencies in obtaining a license as a Home Care Organization providing Professional Support Services through the Tennessee Department of Health (DOH) prior to establishing a fully executed Provider Agreement with DIDD. Tennessee law requires this license as defined in the Tennessee Code Annotated 68-11-201 for providers of occupational therapy, physical therapy, speech language pathology, and nursing when services are provided through the DIDD.

Applicants must apply first to the DIDD and be initially approved before applying to the DOH for their license. Applicants should not send their application and license fee to the DOH prior to receiving this initial approval from the DIDD.

Once an agency submits their application for the PSS license, the DOH will arrange to complete an initial announced survey, prior to issuing a PSS license, which will incorporate a review of the medical record format, personnel files, and policies and procedures manual. In preparing for the DOH initial survey, applicants must reference a copy of the Standards for Home Care Organizations Providing Professional Support Services rules, Chapter 1200-8-34 as set forth by the DOH. The rules can be found at <http://www.state.tn.us/sos/rules/1200/1200-08/1200-08.htm> . Persons applying for a license to provide PSS need to meet all the rule requirements.

A PSS license must be renewed annually. A current PSSL is required to maintain an active Provider Agreement with the DIDD and to be eligible to be reimbursed for services.

Section I contains checklists based on the DOH rules, referenced above, that can be used in establishing that criteria are met for medical records, personnel files, and policies and procedures.

Section II contains policy and procedure sample templates. These templates can be utilized for the development of policy and procedure manuals as outlined in the Standards for Home Care Organizations Providing Professional Support Services rules. Individuals and agencies must keep in mind when utilizing the templates that they will need to review each one closely, referencing the rules, and modify/personalize it according to their situation and agency information.

Department of Health, Health Care Facilities (Licensing Unit):
615-741-7221

Website address: <http://www.tn.gov/health/>

To obtain an application online:

- Click on "For Healthcare Professionals"

- Click on "Health Care Facilities"

- Click on "For those Seeking Licensure or Certification"

- Click on "Applications"

- Click on "Application for Professional Support Services Provider License"

Section I:

Checklists

Department of Health
Standards for Home Care Organizations Providing Professional Support Services
Chapter 1200-8-34

Medical Record Requirements

Required Documentation	Rule Reference
Appropriate identifying information	1200-8-34.06(8a)
Name of Physician	1200-8-34.05(4) and 1200-8-34.06(8a)
Medications and treatments	1200-8-34.05(2) , .06(3), .06(8a)
Signed and dated clinical notes	1200-8-34.06(8a)
Discharge summary (signed and dated within 7 days of d/c)	1200-8-34.06(8a)
Signed consent to treat form	1200-8-34.05(5-6)
Diagnosis	1200-8-34.05(7)
HIV information as applicable	1200-8-34.06(7d)
Annual summary report to physician	1200-8-34.06(1)
Plan of Care: Pertinent diagnoses Mental status Types of services and equipment required Frequency of services Prognosis Rehabilitation potential Functional limitations Activities permitted Nutritional requirements Medications and treatments Any safety measures to protect against injury Instructions for timely discharge or referral Any other appropriate items Treatment proposed (including interventions) Amount, frequency and duration Physician signature and date	1200-8-34.05(2) 1200-8-34.06(2a), .06(2b)

Department of Health
Standards for Home Care Organizations Providing Professional Support Services
Chapter 1200-8-34

Personnel File Requirements

Documentation of	Rule Reference
A copy of the current professional license or the number or renewal # of the current license	1200-8-34.04(9)
Education	1200-8-34.04(9)
Training	1200-8-34.04(9)
(Work) experience and personnel background	1200-8-34.04(9)
Proof of adequate medical screenings to exclude communicable disease	1200-8-34.04(9)
*Job Description	1200-8-34.04(10)
*Verification of references and credentials	1200-8-34.04(10)
*Performance evaluations	1200-8-34.04(10)
Ongoing training/continuing education	1200-8-34.04(11)
Orientation to the agency, its policies, the employee's position, and the employee's duties	1200-8-34.04(11) 120-8-34.06(7)
If contracted staff, a written contract containing elements (a-g)	1200-8-34.04(12)(a-g)

*Agencies employing only one staff member must maintain a personnel record with verification of current credentials per 1200-8-34.04(10).

Department of Health
Standards for Home Care Organizations Providing Professional Support Services
Chapter 1200-8-34

Index of Policy and Procedure Samples

Policy numbers may change as the rules are updated. New policy requirements may be added as the rules are updated. Refer to the following website for the most current version: <http://www.state.tn.us/sos/rules/1200/1200-08/1200-08.htm>

- | | |
|--|--|
| 1.) 1200-8-34-.04 (3-5) | Administration: Organizational Structure
(3) Organizational structure and services
(4) Qualified administrator
(5) Temporary administrator |
| 2.) 1200-8-34-.04 (10-13) | Administration: Personnel Practices
(10) Personnel records
Licenses and Medical Screen
Job Descriptions
Verification of reference and credentials
Performance evaluations
(11) Ongoing educational program including orientation
(12) Contracted Services (if applicable) |
| 3.) 1200-8-34-.04 (16) and
1200-8-34-.06 (7d) | Administration: HIV Testing
Basic Agency Functions: HIV Exposure and Testing |
| 4.) 1200-8-34-.04 (20) | Administration: Charity Care
(no sample template provided) |
| 5.) 1200-8-34-.05 (10) | Admissions, Discharges, and Transfers: Discharges |
| 6.) 1200-8-34-.06 (1-5) | Basic Agency Functions: General, Therapy and Nursing
Services |
| 7.) 1200-8-34-.06 (6) | Basic Agency Functions: Performance Improvement |
| 8.) 1200-8-34-.06 (7) | Basic Agency Functions: Infection Control |
| 9.) 1200-8-34-.06 (8) | Basic Agency Functions: Medical Records |
| and 1200-8-34-.12(1g) | Rights for Release of Information |
| 10.) 1200-8-34-.10 | Infectious and Hazardous Waste |
| 11.) 1200-8-34-.13 | Policies and Procedures for Healthcare Decision-Making
(no sample template provided) |

Section II:

Policy and Procedure Samples for the Professional Support Services License

(Sample Template)

1200-8-34-.04 Administration
(3-4) Organizational Structure

A. Policy:

The governing body of the agency will establish the organizational structure within the agency. Staff hired will adhere to the lines of authority in carrying out specified responsibilities as outlined in specific job descriptions and the organizational structure.

B. Objectives

1. To outline the organizational structure and lines of authority within the agency.
2. To define the responsibilities of personnel within the agency.
3. To denote accountability and supervision of personnel within the agency.

C. Definitions

Governing body: person within an agency assuming full legal authority and responsibility for the management and provision of all professional support services, fiscal operations, quality assessment, and performance improvement plans.

Administrator: A person who establishes policies and procedures and is responsible for the activities of the agency and its staff. This person may be a physician, registered nurse, therapist, or a person with at least one-year experience in a health or disability related field.

D. Procedure

1. A chart of the agency's organizational structure, denoting lines of authority, is *attached*.
2. *The administrator establishes policies and procedures, oversees the day to day activities of the agency and its staff, and is available via a telephone/pager system during normal working hours 8:00am-4:30pm, Monday through Friday.*
3. The administrator will authorize, in writing, a person within the agency with sufficient experience and training to assume temporary duty during his or her short-term absences. ***(An independent therapist or nurse will incorporate a written plan into their policies and procedures as to how duties and responsibilities will be carried out in their absence)***
4. Any change of administrator shall be reported to the Department of Health within fifteen (15) days.
5. ***The registered occupational therapists and physical therapists provide assessments and direct services for consumers. They may supervise therapy assistants in accordance with their professional state rules regarding supervision (General Rules Governing the Practice of Occupational Therapy, Chapter 1150-2 and General Rules Governing the Practice of Physical Therapy, Chapter 1150-1). Registered nurses may utilize LPN's and will supervise them in accordance with their professional state rules (Rules and Regulations of Registered Nurses, Chapter 1000-1 and Rules and Regulations of Licensed Practical Nurses, Chapter 1000-2)***
6. Refer to specific job descriptions for responsibilities of each position.

(Sample Template)

1200-8-34-.04 Administration: Personnel Practices
(10) Personnel Records

A. Policy

The agency will maintain confidential personnel records that are subject to review during both Department of Health and Department of Intellectual and Developmental Disabilities (DIDD) surveys.

B. Objective

To identify the documents to be maintained in the personnel records.

C. Procedures

1. Personnel records shall be kept on all employees and contracted staff for the agency.
2. Personnel records shall be maintained in a confidential manner and overseen by the agency administrator.
3. Personnel records shall include at a minimum:
 - Job description
 - Verification of references and credentials including education, training, experience, and personnel background
 - Professional license (if applicable)
 - Performance evaluations
 - Evidence of required training including orientation
 - Evidence of related continuing education
 - Proof of adequate medical screening for communicable diseases
4. Personnel shall have access to their file when requested.

(Sample Template)

Job Description

Agency: **(Agency Name)**

Job Title: **Administrator**

Position Summary: A person who establishes policies and procedures and is responsible for the activities of the agency and its staff. This person may be a physician, registered nurse, therapist, or a person with at least one-year experience in a health or disability related field.

Principle Duties and Responsibilities:

1. Maintains open communication with the Department of Intellectual and Developmental Disabilities (DIDD), Independent Support Coordination agencies and other related provider agencies. Identifies and works to resolve problems as they arise.
2. Maintains knowledge of the standards for the DIDD quality enhancement survey and the Department of Health survey and coordinates preparation for these surveys.
3. Maintains working knowledge of the DIDD Provider Agreement requirements, the Standards for Home Care Organizations Providing Professional Support Services rules, agency policies and operating procedures.
4. Develops and monitors/oversees compliance with agency policies and procedures.
5. Assures all staff are in compliance with maintaining professional licenses and training requirements.
6. ***Provides oversight, education, and training to agency staff.***
7. ***Participates in and provides relevant training for staff to improve skills and knowledge in the area of providing supports and services for persons with intellectual and developmental disabilities.***
8. Maintains and updates confidential personnel files.
9. Ensures confidentiality and maintenance of consumer files including the assurance of staff completing appropriate documentation as outlined in medical record policy.
10. ***Exhibits a high degree of responsibility for confidential manners.***
11. Oversees the agency operating budget.
12. ***Assumes other related responsibilities as required.***

Position Requirements: This person may be a physician, registered nurse, therapist, or a person with a degree and at least one year experience in a health or disability related field. ***Clinical experience in the area of intellectual and developmental disabilities a plus. Excellent interpersonal skills, including the ability to communicate professionally, both verbally and in writing. Willingness to maintain a flexible work schedule as needed.***

(Sample Template)

Job Description

Agency: **(Agency Name)**

Job Title: **Acting Administrator**

Position Summary: A person who acts as administrator on an as-needed basis. While acting as the administrator, this person will follow all policies and procedures and is responsible for the activities of the agency and its staff. This person must be a licensed therapist.

Principle Duties and Responsibilities:

1. Maintains open communication with the Department of Intellectual and Developmental Disabilities (DIDD), Independent Support Coordination agencies and other related provider agencies. Identifies and works to resolve problems as they arise.
2. Maintains knowledge of the standards for the DIDD quality enhancement survey and the Department of Health survey and coordinates preparation for these surveys, as needed.
3. Maintains working knowledge of the DIDD Provider Agreement requirements, the Standards for Home Care Organizations Providing Professional Support Services rules, agency policies and operating procedures.
4. Develops and monitors/oversees compliance with agency policies and procedures.
5. Assures all staff members are in compliance with maintaining professional licenses and training requirements.
6. **Provides oversight, education, and training to agency staff.**
7. **Participates in and provides relevant training for staff to improve skills and knowledge in the area of providing supports and services for persons with intellectual and developmental disabilities, as needed.**
8. Maintains and updates confidential personnel files.
9. Ensures confidentiality and maintenance of consumer files including the assurance of staff completing appropriate documentation as outlined in medical record policy.
10. **Exhibits a high degree of responsibility for confidential manners.**
11. Oversees the agency operating budget, as needed.
12. **Assumes other related responsibilities as required.**

Position Requirements: This person must be a licensed therapist with a degree and at least one year experience in a health or disability related field. **Clinical experience in the area of intellectual and developmental disabilities a plus. Excellent interpersonal skills, including the ability to communicate professionally, both verbally and in writing are needed. Willingness to maintain a flexible work schedule as needed.**

(Sample Template)

1200-8-34-.04 Administration: Personnel Practices
(10) Performance Evaluation

[Include this policy if the agency has any employees/contract staff in addition to the administrator/owner]

A. Policy

A formal written performance evaluation will be conducted annually on all staff members.

B. Objectives

1. To ensure that an employee understands the responsibilities of his or her position.
2. To ensure that an employee can satisfactorily fulfill the demands of a position.
3. To facilitate communication between the employee and their supervisor in an effort to promote more effective job performance.
4. To identify performance problems.
5. To improve the performance of an employee.

C. Procedure

1. ***The Performance Plan and Review process is a three-step process: a.) establishment of mutually agreed upon annual goals and objectives; b.) interim review of objectives; and c.) annual performance plan and review. This process requires the active participation of both the supervisor and the staff member.***
2. ***The administrator is responsible for maintaining or delegating to supervisors the responsibility of maintaining a schedule for the Performance Plan and Review process for each staff member.***
3. During orientation to the agency, each staff member shall receive appropriate orientation to the agency, including the staff's job responsibilities as outlined in the job description. Documentation of this orientation must be signed and filed in the personnel record.
4. ***At the onset of employment, the supervisor will schedule a time to produce a performance plan together with the new employee.***
5. ***The performance-planning meeting shall be documented indicating the attendance of the staff and supervisor. This documentation as well as a formal performance plan will be signed and dated by both the supervisor and the staff member and filed in the personnel record.***
6. ***The following steps are to be taken in order to complete the Performance Plan and Review process:***
 - ***Performance plan (measurable annual goals and objectives) developed based on job responsibilities***
 - ***Establish the priorities of the duties***
 - ***Identify the standards upon which performance will be measured for each of the duties identified***
 - ***Interim reviews (a minimum of two per year will be held between the supervisor and staff with more frequency as indicated if problems arise) to discuss progress of goals and objectives and for supervisor to note***

any problems and develop a plan of action for improvement (also a time for staff to indicate needs for more support in particular areas)

- ***Annual performance plan and review***
- 7. ***Once the Performance Plan and Review process has been completed, the documents will be signed by both the supervisor and staff member to indicate it has been fully discussed (the staff member's signature does not indicate agreement with the evaluation, only that the formal discussion has taken place). The staff member will have the opportunity to make comments in response to the performance review on the document itself or as an attached document.***
- 8. A final signed copy of the performance evaluation will be kept on file in the personnel record.
- 9. ***Newly employed staff members will have a probationary evaluation after three months of employment.***

(SAMPLE)

Staff Performance Plan

Agency Name:

Staff Name:

Date Plan Developed:

1.	Aspect of Performance:	Performance standards: 1. 2. 3. 4. 5.
2.	Aspect of Performance:	Performance standards: 1. 2. 3. 4. 5.
4.	Aspect of Performance:	Performance standards: 1. 2. 3. 4. 5.
5.	Aspect of Performance:	Performance standards: 1. 2. 3. 4. 5.
6.	Aspect of Performance:	Performance standards: 1. 2. 3. 4. 5.

Staff Signature:_____ Date:_____

Supervisor Signature:_____ Date:_____

Review of Administrator (if different from supervisor):

Signature:_____ Date:_____

(SAMPLE)

Staff Performance Evaluation

Agency Name:

Date of Evaluation:

Staff Name:

No.	Aspect of Performance	Performance Level	Comments	Action(s)	Outcomes

Performance Levels:

Below Standards – staff performance does not meet expected outcome

Meets Standards – staff performance meets expected outcomes

Exceeds Standards – staff performance exceeds expected outcomes

Actions:

R – review of expectations

E – education/training needed

T – technical assistance needed

J – job observation by supervisor

O – other (to be specified)

Outcomes of Actions:

S – satisfactory performance

P – progressive discipline process

R – resignation

T – termination

Staff Signature:_____ Date:_____

Supervisor Signature:_____ Date:_____

Review of Administrator (if different from supervisor):

Signature:_____ Date:_____

(Sample Template)

1200-8-34-.04 Administration: Personnel Practices
(11) Ongoing Educational Program

A. Policy

An ongoing educational program shall be planned and conducted for the development and improvement of skills of all agency personnel engaged in the delivery of professional support services

B. Objectives

1. **(If there are agency staff)** To ensure adequate orientation of new staff to the agency and the interrelated systems, policies and procedures, and the employee's job responsibilities.
2. **(If there are agency staff)** To support staff in developing the skills necessary to work within the field of intellectual and developmental disabilities, increasing their level of competence, and increasing their productivity.
3. To meet required training standards set forth by the Department of Intellectual and Developmental Disabilities (DIDD).

C. Procedures

1. **(If there are agency staff)** Each new staff member will be formally oriented to the agency and its related systems (DIDD). This orientation will be documented and filed in the staff's personnel record.
2. The agency will assure that required DIDD training is scheduled and completed within specified time frames.
3. Documentation of all training and/or continuing education will be completed and filed in the **staff person's** personnel record.
4. Persons providing professional support services will be encouraged to cultivate their job by taking advantage of training and continuing education courses through DIDD, professional associations and agencies, university classes, and other related resources that demonstrate **both the supervisor's and the staff member's** commitment to continuous skill development.

(Sample Template)

Agency Orientation Checklist

Employee Name:

Date Initiated:

Supervisor Name:

Date Completed:

Area of review	Date Reviewed	Able to perform (as applicable)	Employee Initials	Supervisor Initials	Comments
General Orientation					
Policies and Procedures					
DIDD Incident Reporting and Notification Operating Guideline 4.02					
DOH Incident Reporting					
Other DIDD and PSSSL policies					
Documentation					
Training					
Abuse and neglect					
ISP					
Crisis pager					
Infection control					
Performance Evaluation Process					
Job description					
Other					
Orientation to Community Developmental Nursing/Best Practice Guidelines (for RNs providing Comprehensive Nursing Assessments)					
Therapy and Nutrition Services Guidelines					

Staff Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Review of Administrator (if different from supervisor):

Signature: _____ Date: _____

(Sample Template)

1200-8-34-.04 Administration: Personnel Practices
(12) Contracted Services

A. Policy

If personnel, under hourly or per visit contracts, are utilized by the agency, there shall be a written contract between such personnel and the agency.

B. Objectives

1. To ensure that contracted staff complies with agency standards.
2. To outline the requirements and responsibilities of contracted staff.

C. Procedure

1. **(If there are contracted staff)** Contracted staff will be formally oriented to the agency and its related systems, policies and procedures, and job responsibilities. This orientation will be documented and filed in the personnel record.
2. The written contract will clearly designate the following information at a minimum:
 - That consumers are accepted for care only by the agency
 - Which professional support services are to be provided
 - That it is necessary to conform to all applicable organization policies including personnel qualifications
 - The responsibility for participating in developing plans of care
 - The manner in which professional support services will be controlled, coordinated, and evaluated by the agency
 - The procedures for submitting clinical and progress notes (and other documentation), scheduling visits and periodic evaluations
 - The procedures for submitting billing
3. Contracted staff is subject to the performance evaluation process as are any other agency staff.

(Sample Template)

1200-8-34-.04 Administration

(16) Human Immunodeficiency Virus (HIV) Testing

1200-8-34-.06 Basic Agency Functions

(7d) Human Immunodeficiency Virus (HIV) Exposure and Testing

A. Policy

Agency staff will report potential exposures to HIV infection and any other identified causative agent of acquired immune deficiency syndrome and will be provided with procedures for post exposure follow-up for both themselves and the consumer.

B. Objectives

1. To provide consumers and staff with a system of follow-up if exposure occurs.
2. To promote a safe, healthy working environment.
3. To identify the agency's approach to the care of consumers and personnel issues related to HIV.

C. Definitions

1. Human T-Lymphotropic Virus type III (HTLV-III), referred to as HIV, is a virus that infects the cells of the T-lymphocyte system. The virus can lead to the disease-related complex known as AIDS, which destroys the immune system, leaving the body vulnerable to a variety of opportunistic diseases.
2. HIV can be transmitted by sexual contact, needle sharing, transfusions of blood or blood products, and perinatally from an infected mother to neonate. There is no evidence that casual contact leads to transmission.

D. Procedures

1. The reference, *Infection Control Overview and Guidelines*, and other reference material/training deemed appropriate should be used in orienting agency staff to standard precautions in preventing exposures.
2. If a staff member incurs exposure it is to be reported to their supervisor.
3. Written documentation of the route of exposure and the circumstances related to the incident as soon as feasible following the exposure. This is to be given to the supervisor.
4. The agency will inform the source individual (consumer) and request that they be tested for HIV infection at their local health department in order to determine their status.
5. All staff members who incur an exposure will be offered post exposure evaluation and follow-up in accordance with the OSHA standards.

The agency should refer to the OSHA website when developing their procedures, for Federal Standards (specifically the Bloodborne Pathogens Standard, codified as 29 CFR 1910.1030) at <http://www.osha.gov/>. The agency may also choose to address in their policy issues such as confidentiality, employees refusing to work with a consumer known to have HIV or AIDS, any restrictions of employees from working with a consumer known to have HIV or AIDS, and how they will handle situations where their staff are discovered to have HIV or AIDS)

(Sample Template)

**1200-8-34-.05
(10)**

**Admissions, Discharges, and Transfers
Discharges**

A. Policy

The agency will provide professional support services as prescribed by the attending physician and follow discharge procedures as set forth by the Provider Agreement with the Department of Intellectual and Developmental Disabilities and TennCare.

B. Objectives

1. To ensure services are provided under the care of a physician.
2. To ensure that agencies do not discriminate against consumers.
3. To ensure consumer discharges are in compliance with DIDD/TennCare regulations per the provider agreement.
4. To ensure that services are not discontinued prior to another agency being in place, if the consumer still needs those services.
5. To ensure that an agency appropriately recommends discharging a consumer when expected goals are reached and no additional needs are identified.

C. Procedures for Admissions

1. The agency shall accept consumer referrals for professional support services on the basis of a reasonable expectation that the consumer's nursing and therapy needs can be met adequately by the agency.
2. The agency staff shall obtain the consumer or his/her designee's written consent for professional support services.
3. The signed consent form shall be included with the consumer's medical record.
4. The agency staff shall determine, through evaluation, if the consumer's needs can be met by the agency's services and capabilities.
5. Professional support services shall be provided as prescribed by the consumer's attending physician (who holds a license in good standing, as defined in this chapter).
6. The plan for providing professional support services and the expected outcomes shall be reflected in the consumer's plan of care (POC) and incorporated into the individual support plan.
7. No medication or treatment shall be provided to any consumer of an agency except on the order of a physician lawfully authorized to give such an order.

D. Procedures for Discharges

1. Proposed discharges based on the accomplishment of POC goals and no identification of additional needs based on a reassessment shall be documented.
2. A reassessment will be completed prior to a recommended discharge.
3. Services provided, progress made during the time services were provided, goals met, reasons for the discharge, and status at the time of discharge shall be included in the above documentation.
4. Proposed discharges based on the accomplishment of goals should be discussed with the consumer and his/her circle of support.
5. For other discharges initiated by the agency, prior to discontinuation of authorized services, the agency will obtain approval from the DIDD.

6. The agency will notify the consumer, their conservator or guardian, the support coordinator, and DIDD no less than sixty (60) days prior to the planned discharge.
7. If the consumer or his/her representative request a hearing in accordance with T.C.A. 33-1-202, the discharge will not occur prior to the final agency decision and resolution of the administrative appeal unless ordered by a court and approved by the state.
8. The agency shall continue to provide services until the consumer is provided with other services that are of acceptable and appropriate quality in order to maintain continuity of care.
9. If the consumer or his/her representative request to be discharged from the agency, the agency will follow the steps as outlined above and provide transfer documentation to new provider, if requested, in order to maintain continuity of care and facilitate transfer.

(Sample Template)

1200-8-34-.06 Basic Agency Functions
(1-5) General, Nursing, and Therapy services

A. Policy

The agency will provide professional support services as prescribed by the attending physician, with a plan of care written in coordination with other services being provided to the consumer.

B. Objective

To ensure services are integrated and based on functional outcomes.

C. General Procedures

1. All personnel providing professional support services shall assure that their efforts effectively complement other services provided to the consumer, are functionally integrated into the individual daily routine and support the outcome outlined in the individual support plan.
2. A written report of progress shall be provided to the consumer's support coordinator/case manager monthly.
3. A written summary report for each patient shall be sent to the attending physician at least annually.
4. The written plan of care, developed in consultation with other disciplines supporting the consumer, shall cover all pertinent diagnoses, including:
 - mental status
 - types of services and equipment required
 - frequency of services
 - prognosis
 - rehabilitation potential (as applicable)
 - functional limitations
 - activities permitted
 - nutritional requirements
 - medications and treatments
 - any safety measures to protect against injury
 - instructions for timely discharge or referral
 - any other appropriate items
5. A copy of this plan shall be provided to the Consumer's Individual Support Coordinator to be incorporated into the Individual Support Plan.
6. If a physician refers a consumer under a plan of care, which cannot be completed until after an evaluation visit, the physician shall be consulted to approve additions or modifications to the original plan. Orders for professional support services shall include the specific treatment or modalities to be used and the amount, frequency and duration. The therapist and other organization personnel shall participate in developing the plan of care.
7. The plan(s) of care for acute or episodic illness shall be reviewed by the attending physician and agency personnel involved in the consumer's care as often as the severity of the patient's condition requires, but at least annually. Plans of care resulting from Comprehensive Nursing Assessment will be reviewed in accordance with the physical status review schedule. Evidence of review by the physician must include the physician's signature and date of the

review on the plan of care. A facsimile of the physician's signature is acceptable. Professional staff shall promptly alert the physician to any changes that suggest a need to alter the plan of care.

8. Drugs and treatments shall be administered by appropriately licensed agency personnel, acting within the scope of their licenses. Orders for drugs and treatments shall be signed and dated by the physician.

D. Skilled Nursing Services Procedures

1. When skilled nursing is provided, the services shall be provided by or under the supervision of a registered nurse who has no current disciplinary action against his/her license, in accordance with the plan of care. This person shall be available at all times during operating hours and participate in all activities relevant to the professional support services provided, including the development of qualifications and assignment of personnel.
2. The registered nurse's duties shall include but are not limited to the following: make the initial evaluation visit, except in those circumstances where the physician has ordered therapy services as the only skilled service; regularly evaluate the patient's nursing needs; initiate the plan of care and necessary revisions; provide those services requiring substantial specialized nursing skill; initiate appropriate preventive and rehabilitative nursing procedures; prepare clinical and progress notes; coordinate services; inform the physician and other personnel of changes in the patient's condition and needs; counsel the patient and family in meeting nursing and related needs; participate in in-service programs; supervise and teach other nursing personnel. The registered nurse or appropriate agency staff shall initially and periodically evaluate drug interactions, duplicative drug therapy and non-compliance to drug therapy.
3. The licensed practical nurse shall provide services in accordance with agency policies, which may include but are not limited to the following: prepare clinical and progress notes; assist the physician and/or registered nurse in performing specialized procedures; prepare equipment and materials for treatments; observe aseptic technique as required; and assist the patient in learning appropriate self-care techniques.

E. Therapy Services Procedures

1. All therapy services offered by the agency directly or under arrangement shall be planned, delegated, supervised or provided by a qualified therapist in accordance with the plan of care. A qualified therapist assistant may provide therapy services under the supervision of a qualified therapist in accordance with the plan of care. The therapist shall assist the physician in evaluating the level of function, helping develop the plan of care (revising as necessary), preparing clinical and progress notes, advising and consulting with the family and other agency personnel, and participating in in-service programs.
2. Speech therapy services shall be provided only by a licensed speech language pathologist in good standing.

(Sample Template)

1200-8-34-.06 Basic Agency Functions

(6) Performance Improvement

A. Policy

An agency will conduct an internal performance review of its professional support services at least annually.

B. Objectives

1. To assist the agency in using its personnel and facilities to meet individual and community needs.
2. To identify and correct deficiencies that undermine quality of care and lead to waste of agency and personnel resources.
3. To help the agency make critical judgments regarding the quality and quantity of its services through self-examination.
4. To provide opportunities to evaluate the effectiveness of agency policies and when necessary make recommendations to the administration as to controls or changes needed to assure high standards of patient care.
5. To augment in-service staff education, when applicable.
6. To provide data needed to satisfy state licensure and certification requirements.
7. To establish criteria to measure the effectiveness and efficiency of the professional support services provided to consumers.
8. To develop a record review system for the agency to evaluate the necessity or appropriateness of the professional support services provided and their effectiveness and efficiency.

C. Procedures

1. An agency shall have a committee or mechanism in place to review, at least annually, past and present professional support services including contract services, in accordance with a written plan, to determine their appropriateness and effectiveness and to ascertain that professional policies are followed in providing these services. **(For a one-person agency, the mechanism for this can be the DIDD Quality Enhancement annual survey)**
2. The agency will formally document this review process and maintain it on file for review by the Department of Intellectual and Developmental Disabilities and the Department of Health.

(Sample Template)

1200-8-34-.06 Basic Agency Functions
(7) Infection Control

A. Policy

The agency must have in place a program that addresses the prevention, control and investigation of infections and communicable diseases.

B. Objectives

1. To provide and maintain a safe working and social environment.
2. To ensure that the risk of infection is kept to a minimum.
3. To provide a non-discriminatory environment that supports people living with infectious disease.

C. Procedures

1. Universal precautions involves the use of protective barriers and practices to protect employees from exposure to infectious agents via puncture of the skin, contact with mucous membranes, saliva and non-intact skin. Mucous Membranes include the lining of the mouth, nose and respiratory tract, the conjunctival membrane covering the eye, the gastrointestinal tract, and the urinogenital tract. Universal Precautions will be observed in order to prevent contact with blood, blood products, or other potentially infectious materials. All blood, blood product, or other potentially infectious material will be considered infectious regardless of the perceived status of the source or source individual.
2. Hands must be washed after contact with blood or body fluids, before eating or drinking. Routine hand washing is paramount when there is any routine physical contact with people and particularly important when there has been contact with blood or body fluids.
3. The wearing of gloves substantially reduces the risk of hands being contaminated with blood and body fluids and therefore gloves must be readily available to all employees likely to handle blood or body substances.
4. After proper removal and disposal of personal protective gloves or other personal protective equipment, employees shall wash their hands and any other potential contaminated skin area immediately or soon as feasible with soap and water.
5. Gloves contaminated with blood or body fluids should be discarded between treating persons - the wearing of gloves does not prevent cross-infection.
6. Hands should be thoroughly washed after discarding gloves.
7. If staff members incur exposure to their skin or mucous membranes, then those areas shall be washed or flushed with water as appropriated or as soon as feasible following contact.

8. Precautions shall be taken to prevent the contamination of sterile and clean supplies by soiled supplies. Sterile supplies shall be packaged and stored in a manner that protects the sterility of the contents.
9. At the time of orientation, all staff will be informed of the Infection Control Policy and Procedures and will be provided a copy.
10. Education on infection control, including cause, effect, transmission, prevention, and elimination of infections will be made available by the agency as a part of the orientation process as evidenced by staff being able to verbalize or demonstrate an understanding of basic techniques (see attached reference entitled *Infection Control Overview and Guidelines*)
11. Appropriate staff and/or consumers, their family and/or their support staff will be educated in the practice of aseptic techniques such as handwashing and scrubbing practices, proper hygiene, use of personal equipment, dressing care techniques, disinfecting and sterilizing techniques, and the handling and storage of consumer care equipment and supplies.

(Sample Template)

Infection Control Overview and Guidelines

Section I: Overview

Many conditions and invasive procedures predispose individuals to infection either because the integrity of the skin or mucous membrane is altered or because an illness reduces the body's ability to summon additional defenses adequately against other invading microorganisms. Individuals with surgical incisions, artificial airways, catheters, intravenous lines, or implanted prosthetic devices, and those who continually have the skin broken by needle sticks for injections or the drawing of blood samples are at greater risk for infection and must be protected.

Infection control by methods of medical asepsis and universal precautions is a major factor in preventing the spread of infection. The other method of preventing the spread of infection is by the use of isolation procedures.

Infection control involves surveillance for signs of infection, immediate procedures to contain microorganisms when infection is evident, proper handling, sterilization or disposal of contaminated items and equipment, protection of individuals at high risk for infection, and prevention of nosocomial infections.

Infection control depends on knowing the mechanisms by which an infectious disease is transmitted and the methods that will interfere with the infectious process cycle. The single most important means of preventing the spread of infection is frequent hand washing. The process of increasing an individual's resistance to a particular infection by artificial means is called immunization.

Anticipated Outcomes of Infection Control

1. Infection does not spread to other body parts.
2. Proper handwashing.
3. Appropriate use of personal protective equipment.
4. Specific precautions for handling infectious material and sharps.
5. Procedures for routine disinfection of environmental surfaces and spills.

Section II: Course of infection:

An infection is a condition that results when microorganisms cause injury to their host. At one time contagious diseases, also called infectious or communicable diseases because they are spread from one person to another, were the leading cause of death. But because of the development of vaccines, implementation of aggressive public health measures, and advances in drug therapy, that is no longer the case. Nevertheless, contagious diseases have not disappeared.

Infections progress through distinct stages. The characteristics and lengths of each stage may differ depending on the infectious agent. Infection control depends on knowing the mechanisms by which an infectious disease is transmitted and the methods that will interfere with the infections process cycle.

Incubation Period

There is an interval between entrance of the pathogen into the body and appearance of first symptoms (e.g., chicken pox 2 to 3 weeks, common cold 1 to 2 days, influenza 1 to 3 days, and mumps 18 days). The infectious agent reproduces, but there are no recognizable symptoms. The infectious agent may, however, exit the host at this time and infect others.

Prodromal Stage of Illness

Initial symptoms that appear may be vague and nonspecific. There is an interval from the onset of nonspecific signs and symptoms (malaise, low-grade fever, and fatigue) to more specific symptoms; during this time, microorganisms grow and multiply. An individual is more capable of spreading disease to others.

Full Stage of Illness (Acute Stage)

Symptoms become severe and specific to the tissue or organ affected. The individual manifests signs and symptoms specific to type of infection (e.g., common cold manifested by sore throat, sinus congestion, and rhinitis. Mumps manifested by earache, high fever, parotid and salivary gland swelling. Tuberculosis is manifested by respiratory symptoms).

Convalescence

Acute symptoms of infection disappear; length of recovery depends on severity of infection and individual's general state of health; recovery may take several days to months. Health improves or is restored.

Section III: Defenses against infection:

A. Normal defenses

The body has normal defenses against infection. Normal flora, body system defenses, and inflammation are nonspecific defenses that protect against microorganisms, regardless of prior exposure. The immune system is composed of separate cells and molecules, some of which fight specific pathogens.

Normal Flora

The body normally contains large numbers of microorganisms that reside on the surface and deep layers of the skin, in saliva and oral mucosa, and in the intestinal walls. Normal flora does not cause disease but instead help to maintain health. The number of flora maintains a sensitive balance with other microorganisms to prevent infection. Any factor that disrupts this balance places an individual at serious risk for infection.

Body System Defenses

The skin, respiratory tract, and gastrointestinal tract are easily accessible to microorganisms, but they also have unique defenses against infection,

physiologically suited to their structure and function. Any conditions that impair an organ's specialized defenses increase susceptibility to infection.

Inflammation

The body's cellular response to injury or infection is inflammation. Inflammation is a protective vascular reaction that delivers fluid, blood products, and nutrients to interstitial tissues in an area of injury. The process neutralizes and eliminates pathogens or neurotic tissues and establishes a means of repairing body cells and tissues. Signs of inflammation include swelling, redness, heat, pain or tenderness, and loss of function in the affected body part. When inflammation becomes systemic, other signs and symptoms develop; these include fever, leukocytosis, malaise, anorexia, nausea, vomiting, and lymph node enlargement.

Immune Response

When a foreign material (antigen) enters the body, a series of responses change the body's biological makeup so that reactions to future antigens are different from the first in an immune response, the antigen is neutralized, destroyed, or eliminated.

B. Types of precautions

Infection control refers to physical measures that attempt to curtail the spread of infectious or contagious diseases. The Center for Disease Control and Prevention (CDC) drafted outlining two major categories for infection control. They include Standard Precautions and Transmission-Based Precautions.

Standard Precautions are used when caring for all individuals regardless of their infection status. Standard Precautions reduce the potential for transmitting blood-borne pathogens and those from moist body substances like feces, urine, sputum, saliva, wound drainage and other body fluids. They are followed whenever there is the potential for contact with: blood; all body fluids, secretions and excretions, regardless of whether they contain visible blood; non-intact skin; mucous membranes. They include Universal Precautions and Body Substance Isolation.

Transmission-Based Precautions, also called isolation precautions, are measures that are recommended for use in addition to Standard Precautions. Their purpose is to control the spread of infectious agents from persons with known or suspected transmissible pathogens. These include airborne precautions, droplet precautions, and contact precautions. These replace the previous categories of Strict Isolation, Contact Isolation, Respiratory Isolation, Enteric Precautions, and Drainage/Secretion Precautions. Transmission-Based Precautions may be required for various lengths of time depending on the nature of the infecting microorganism.

C. Universal precautions

Health care workers are to wash their hands for 15-30 seconds using accepted facility procedures before and after each direct contact with an individual or the person's care items. Soap used should be from a dispenser or sponge scrub pad; bar soap is not acceptable. Handwashing is to be performed before donning gloves

and after removing them. The sink, faucets, and paper towel dispenser are contaminated and should not be touched after handwashing. Only disposable towels are used for routine handwashing. Use a paper towel to turn off the water. If the towel dispenser requires that a crank be used to obtain the towel, dispense the towel prior to washing hands. Use a paper towel to open the exit door if needed. Dispose of used paper towels directly into the trash.

Handwashing is a vigorous, brief rubbing together of all surfaces of lathered hands, followed by rinsing under a stream of water. Push wristwatch and long sleeves above the wrists. Remove jewelry, except plain band, from fingers and arms. Keep fingernails short filed, and free of nail polish or artificial fingernails. Inspect surface of hands and fingers for breaks or cuts in skin and cuticles. Stand in front of sink, keeping hands and clothing away from sink surface. Avoid splashing water against clothing. Regulate flow of water so that temperature is warm. Hot water opens pores of the skin, causing irritation. Wet hands and lower arms thoroughly under running water. Keep hands and forearms lower than elbows during washing. Wash hands using plenty of lather and friction. Interlace fingers and rub palms and back of hands with circular motion at least 5 times each. Clean areas underlying fingernails. Rinse hands and wrists thoroughly, keeping hands down and elbows up. Repeat washing process if hands or nails are not clean. Dry hands thoroughly from fingers to wrists and forearms. Discard paper towel in proper receptacle. Turn off water using clean, dry paper towel.

D. Personal protective equipment

Gloves

Wear clean gloves when touching; blood, body fluids, secretions, excretions, and items containing these body substances; mucous membranes; non-intact skin. Follow facility policy.

Gowns

Non-permeable gowns are to be worn when it is anticipated that the clothing may become soiled with blood or body fluids, including secretions and excretions. Gowns open in the back and fasten at the neck and waist. Follow facility policy.

Masks, Eye protection, Face shield

Wear a mask, eye protection, face shield during procedures and individual care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions. Follow facility policy.

E. Sharps disposal

Sharp instruments (sharps) are placed directly into a special disposal container immediately after use. These containers shall be puncture resistant, labeled or color-coded, and leak proof on the sides and bottom. The sharp item should be dropped into the opening, and the fingers should never enter the mouth of the container. Never use fingers to push items down into a sharps container. Do not recap used needles. Never leave used, exposed IV needles hanging on the IV pole. All needles, IV cannulas, and items that are sharp or might cause a skin break are placed in the sharps container. Sharps containers should be replaced when they are three quarters full. Follow facility policy.

Section IV: When contamination occurs:

If blood or body fluids should come in contact with the nurse's body, follow facility policy and procedures to reduce contamination. The following are some suggestions.

Hands: Wash thoroughly with soap and water; use antimicrobial soap if available. Rinse or wipe with 70% isopropyl alcohol or a povidone-iodine solution after washing. If broken skin was involved, report to the employee health center or emergency room. An injury report must be completed when broken skin is involved.

Eyes: Flush immediately with large amounts of cool water. Report immediately to the employee health center or emergency room. An injury report must be completed.

Mouth or other mucous membranes: Rinse immediately with large amounts of water. Report to the employee health center or emergency room. An injury report is required.

Clothing: When clothing has become soiled by blood or body fluids, remove them and place them in a plastic bag for transport. Using gloves, treat bloodstains with cold water and stain remover, and then wash the items in the hot cycle with detergent. Use chlorine bleach if appropriate for the material. Clothing may also be dry cleaned but allow it to air out for 3 days so that viral agents will die before the clothing is taken to the dry cleaner.

Blood and body fluid spills: Spills are to be wiped up, using heavy gloves, with a freshly prepared 1:10 solution of chlorine bleach. A one-minute contact time is necessary to kill HIV and other viruses. Know the correct solution to use for various spills or call the facility environmental health worker.

Nursing equipment: Wipe pens with alcohol swabs daily. Expose the blood pressure cuff to several hours of sunlight at least once a week; wash the cuff once a month or expose it to sunlight for a full 8 hours. Use only disposable covers on thermometers and otoscopes. Clean stethoscope, sphygmomanometer, or other equipment after use on individual so pathogens are not transferred to the next individual.

Section V: Disposing of contaminated materials:

Various receptacles are used to hold and collect contaminated items. Soiled waste containers are emptied at the end of each shift or more often if their contents accumulate. To avoid spreading pathogens, some items are double-bagged. Follow existing facility policies.

Biodegradable trash is that which will decompose naturally into less complex compounds. Some items like uneaten food, paper tissues, the contents of drainage collectors, urine, and stool may be flushed down the toilet. Chemicals and filtration methods in sewage treatment centers are sufficient for destroying pathogens in human wastes.

Moist items such as soiled dressings, however, are wrapped so that during their containment flying or crawling insects cannot transfer pathogens. In some facilities, eventually the bag and its contents are destroyed by incineration, or they are autoclaved. Autoclaved items may be safely disposed of in landfills. In the home the soiled materials are to be placed in a small plastic bag, secured, then placed in the trash receptacle with a tight fitting lid for collection.

Section VI: Specimen collection techniques:

Follow facility policy and procedure regarding specimen collection and documentation. Nurses apply gloves when there is a risk of exposure to potentially infectious material. Specimens are delivered to the laboratory in sealed containers. The facility's infection control guidelines are followed as to whether the sealed containers are additionally bagged. When the testing is complete, most specimens are flushed, incinerated, or sterilized. Some suggestions for the collection of specimens may include:

Wound Specimen

Use cotton-tipped swab or syringe to collect as much drainage as possible. Have clean test tube or culturette tube on clean paper towel. After swabbing center of wound site, grasp collection tube by holding it with paper towel. Carefully insert swab without touching outside of tube. After securing tube's top, transfer into bag for transport and then wash hands.

Blood Culture Specimen

Use syringe and culture media bottles to collect 10 ml of blood per culture bottle. Perform venipuncture at two different sites to decrease likelihood of both specimens being contaminated with skin flora. Place blood culture bottles on bedside table or other surface, swab off bottletops with alcohol. Inject appropriate amount of blood into each bottle. Remove gloves and transfer specimen into clean bag for transport.

Stool Specimen

Use clean cup with seal top (not necessary to be sterile) and tongue blade to collect small amount of stool, approximately the size of a walnut. Place cup on clean paper towel in bathroom. Using tongue blade, collect needed amount of feces from the bedpan (if used). May also collect directly from the toilet if allowed by order of physician or laboratory. Transfer feces to cup without touching cups outside surface. Dispose of tongue blade, wash hands, and place seal on cup. Transfer specimen into clean bag for transport.

Urine Specimen

Use syringe and sterile cup to collect 1-5 ml of urine. Place cup or tube on clean towel in bathroom. Use syringe to collect specimen if individual has a Foley catheter. Have the individual follow procedure to obtain a clean voided specimen if not catheterized. Transfer urine into sterile container by injecting urine from syringe or pouring it from used container. Wash hands and secure top of container. Transfer specimen into clean bag for transport.

Section VII. Documentation and teaching:

Charting for the individual with problems of infection control should include noting the assessment date regarding the signs of infection and checking on flow sheets the type of isolation procedures used each shift. Include the data regarding the course of the infection, the individual's response to the medical therapy for the infection, and any measures used to protect the individual from nosocomial infection.

Airborne Precautions are measures used to block very small pathogens that remain suspended in the air or are attached to dust particles. Droplet Precautions are measures used to block larger pathogens contained within moist droplets. Contact Precautions are used to block the transmission of pathogens by direct or indirect contact.

To prevent infections, the nurse can recommend that people (1) obtain appropriate immunizations, (2) practice a healthy lifestyle, and (3) avoid sharing personal care items. Unfortunately, symptoms of infectious disorders tend to be more subtle among older adults and individuals with chronic conditions.

(Sample Template)

1200-8-34-.06 Basic Agency Functions
(8) Medical Records

A. Policy

A medical record shall be developed and maintained for each consumer admitted.

B. Objectives

1. To maintain required documentation.
2. To note progress towards outcomes.
3. To facilitate integration of services.

C. Procedures

1. A medical record containing past and current findings in accordance with accepted professional standards will be maintained for every consumer receiving professional support services.
2. In addition to the plan of care, the record shall contain:
 - appropriate identifying information
 - the consumer's or his/her designee's written consent for professional support services
 - name of physician
 - a diagnosis
 - all medications and treatments
 - plan of care/recommendations based on assessment
 - outcomes in the individualized support plan
 - signed and dated clinical notes
3. Clinical notes shall be written the day on which service is rendered and incorporated no less often than weekly; copies of summary reports shall be sent to the physician; and a discharge summary shall be dated and signed within 7 days of discharge.
4. All medical records, either written, electronic, graphic or otherwise acceptable form, must be retained in their original or legally reproduced form for a minimum period of at least ten (10) years after which such records may be destroyed. However, in cases of consumers under mental disability or minority, their complete agency records shall be retained for the period of minority or known mental disability, plus one (1) year, or ten (10) years following the discharge of the consumer, whichever is longer.
5. Records destruction shall be accomplished by burning, shredding or other effective method in keeping with the confidential nature of the contents. The destruction of records must be made in the ordinary course of business, must be documented and in accordance with the agency's policies and procedures, and no record may be destroyed on an individual basis.
6. Even if the agency discontinues operations, records shall be maintained as mandated by this chapter and the Tennessee Medical Records Act (T.C.A. §§ 68-11-308). If a consumer is transferred to another health care facility or agency, a copy of the record or an abstract shall accompany the consumer when the agency is directly involved in the transfer.
7. Medical records information shall be safeguarded against loss or unauthorized use. Written procedures govern use and removal of records and conditions for

- release of information. The consumer's written consent shall be required for release of information when the release is not otherwise authorized by law.
8. For purposes of this rule, the requirements for signature or countersignature by a physician or other person responsible for signing, countersigning or authenticating an entry may be satisfied by the electronic entry by such person of a unique code assigned exclusively to him or her, or by entry of other unique electronic or mechanical symbols, provided that such person has adopted same as his or her signature in accordance with established protocol or rules.
 9. Records shall be available for review by the Department of Health and the Department of Intellectual and Developmental Disabilities.

(Sample Template)

1200-8-34-.10 Infectious and Hazardous Waste

A. Policy

Each agency shall develop, maintain and implement a system for defining and handling its infectious and hazardous waste and which complies with the standards of other applicable state and federal regulations.

B. Objective

To assure proper disposal of normal and hazardous waste and needles.

C. Procedures

1. The following waste shall be considered to be infectious waste:

- (a) Waste human blood and blood products such as serum, plasma, and other blood components;
- (b) All discarded sharps (including but not limited to, hypodermic needles, syringes, pasteur pipettes, broken glass, scalpel blades) used in patient care; and
- (c) Other waste determined to be infectious by the agency in its written policy.

2. Waste must be packaged in a manner that will protect waste handlers and the public from possible injury and disease that may result from exposure to the waste. Such packaging must provide for containment of the waste from the point of generation up to the point of proper treatment or disposal. Packaging must be selected and utilized for the type of waste the package will contain, how the waste will be treated and disposed, and how it will be handled and transported prior to treatment and disposal.

- (a) Contaminated sharps must be directly placed in leakproof, rigid and puncture-resistant containers, which must then be tightly sealed.
- (b) Infectious and hazardous waste must be secured in fastened plastic bags before placement in a garbage can with other household waste.
- (c) Reusable containers for infectious waste must be thoroughly sanitized each time they are emptied, unless the surfaces of the containers have been completely protected from contamination by disposable liners or other devices removed with the waste.

3. After packaging, waste must be handled, transported and stored by methods ensuring containment and preserving of the integrity of the packaging, including the use of secondary containment where necessary.

4. Waste must be stored in a manner which preserves the integrity of the packaging, inhibits rapid microbial growth and putrefaction, and minimizes the

potential of exposure or access by unknowing persons. Waste must be stored in a manner and location which affords protection from animals, precipitation, wind and direct sunlight, does not present a safety hazard, does not provide a breeding place or food source for insects or rodents and does not create a nuisance.

5. In the event of spills, ruptured packaging, or other incidents where there is a loss of containment of waste, the agency must ensure that proper actions are immediately taken to:
 - (a) Isolate the area;
 - (b) Repackage all spilled waste and contaminated debris in accordance with the requirements of this rule; and,
 - (c) Sanitize all contaminated equipment and surfaces appropriately.